

HOME HEALTH AIDE

Service Description

H027-HB

A service that provides intermittent health maintenance, continued treatment or monitoring of a health condition, and supportive care for activities of daily living at the individual's place of residence.

Service Requirements and Limitations

1. This service may be provided in the following settings:
 - 1.1 The Division member's consumer's home,
 - 1.2 A group home,
 - 1.3 A developmental home (child or adult), or
 - 1.4 A Level I or Level II behavioral health facility.
2. This service shall not be provided when the member consumer is hospitalized.
3. This service shall not be provided to member consumers living in skilled nursing facilities or non-state operated Intermediate Care Facilities ("ICFs")/MR.
- ~~4. This service shall not be provided in conjunction with consumers authorized for Skilled Nursing Facility services or non-state operated ICFs/MR service.~~
4. This service shall not be provided on the same day that Attendant Care or Homemaker service is provided.
5. The authorization of this service shall include a review of authorized Attendant Care, as the two services can encompass very similar elements of service delivery. This service may be most appropriate for a member consumer who has ongoing nursing service and the coordination of care is most beneficial to the member's consumer's goals and expectations. ~~This service may not be provided on the same day that Attendant Care or Housekeeping is provided.~~
6. ~~This service Home health aide services~~ must be ordered by a physician and are implemented through the member's individualized care plan developed by the Home Health Agency ("HHA") provider and may only be provided on an intermittent (short-term) basis.
 - 6.1 The member's individualized care plan must be reviewed by a physician every sixty-two (62-(sixty-two)) days (bimonthly) and authorized/monitored by the Division's Health Care Services in conjunction with the member's Support Coordinator.

7. Home Health Aides shall provide ~~nursing and nursing-related services~~ non-licensed nursing tasks under the direction and supervision of a registered nurse ("RN"). The services include monitoring of a member's medical condition, health maintenance or continued treatment services, and activities of daily living.

Service Goals and Objectives

Service Goals

To increase or maintain self-sufficiency of the member~~consumers~~.

Service Objectives

The Qualified Vendor shall ensure that the following objectives are met:

1. Obtain an order from the physician for home health aide services ~~that is reviewed every 62 (sixty-two) days.~~
2. Under the supervision of a ~~registered nurse (RN)~~, develop and implement an individualized plan of care; plan for the member which is reviewed with the ~~R~~registered Nurse every sixty (60-(sixty) days and sent to the ~~P~~primary ~~C~~are ~~P~~physician ("PCP") for approval, based on:
2.1 The member's consumer's self-care skills, and 2.2 The consumer's health condition.
2.1 Have the member's individualized care plan reviewed by a physician every sixty-two (62) days (bimonthly) and authorized and monitored by the Division's Health Care Services in conjunction with the member's Support Coordinator.
3. Provide ~~nursing and nursing-related services~~ non-licensed nursing tasks under the direction and supervision of an RN-registered nurse (RN) to:
 - 3.1 Monitor a member's~~consumer's~~ medical condition by:
 - 3.1.1 Monitoring and documenting vital signs, as well as reporting results to the supervising RN or ~~PCP~~physician,;
 - 3.1.2 Changing dressings and/or bandages,;
 - 3.1.3 Providing care to prevent pressure ulcers,; and
 - 3.1.4 Determining his/her compliance with nursing instructions and providing ~~r~~Reinforcement as needed~~ing nursing instructions.~~

3.2 Provide health maintenance or continued treatment services for the member including, but not limited to:

3.2.1 Personal care activities such as:

3.2.1.1 — Bathing/shampooing;

3.2.1.2 — Toileting;

3.2.1.3 Bowel, bladder, and/or ostomy programs as well as catheter hygiene (does not include catheter insertion);

3.2.1.4 — Dressing;

~~3.2.1.5 — Eating;~~

3.2.1.~~56~~ Routine ambulation, transfers, range of motion activities or simple exercise programs;

3.2.1.~~67~~ — Combing/brushing and fixing hair;

3.2.1.~~78~~ — Skin care including hand and foot care;

3.2.1.~~89~~ — Shaving;

3.2.1.~~94~~ Nail care;

3.2.1.~~104~~ Dental/oral hygiene; and

3.2.1.~~112~~ Assisting with the use of special appliances and/or prosthetic devices.

3.2.2 Assisting the ~~member~~consumer ~~within~~ self-administration of medication.

3.2.3 Assisting the ~~member~~consumer with eating, if required, to maintain sufficient nutritional and fluid intake.

3.2.4 Providing information about nutrition.

3.2.5 Assisting the member in activities of daily living to increase physical mobility.

3.3 — Assist the member in activities of daily living by:

~~3.3.1 — Providing information about nutrition,~~

3.3.~~12~~ Cleaning ~~the member's~~ consumer's living area,

3.3.~~23~~ Doing ~~the member's~~ consumer's laundry,

3.3.~~34~~ Shopping,

3.3.~~45~~ Banking, and

3.3.~~56~~ Cooking for ~~the member~~ consumer, as necessary.

3.4 ~~Under the supervision/direction of the RN, T~~ teach ~~member~~ consumers and families how to perform home health tasks.

3.5 Under the direction of the RN, inform the ~~member's~~ consumer's designated Division Health Care Services nurse ~~about other appropriate services~~ when there are additional medical problems or social problems identified during the course of service delivery ~~in order to reassess appropriate level of care/services~~.

Service Utilization Information

1. This service will be authorized based on the nursing needs assessment conducted by the Division's Health Care Services ~~unit~~.
2. The Division's Health Care Services ~~unit~~ will complete nursing assessments at least annually, or more frequently if determined by the Division, to reassess the member's need for this service.
3. ~~This service may not be provided on the same day Attendant Care or Housekeeping is provided.~~

Rate Basis

1. Published. The published rate is based on one (1) hour of direct service.
2. Throughout the term of the contract, the appropriate billing codes, billing units, and associated billing rules are subject to change. All billing codes and billing units, and associated billing rules will be included in the Division's Policies and Procedures Manual, Billing Manual, *RateBook*, and/or other provider resources made available by the Division.

Direct Service Staff and Agency Qualifications

1. Direct Service Staff shall meet the following requirements:
~~The Qualified Vendor must be a home health agency licensed by the Arizona Department of Health Services and certified by Medicare.~~

- 1.1 ~~Qualified Vendor personnel who provide home health aide services must meet T~~the qualifications pursuant to 42 Code of Federal Regulations (“C.F.R.”) Part 484.4; ~~and~~.
- 1.2 ~~Home health aide service must be provided by an aide who is-~~ Be supervised by a ~~registered nurse (RN)~~ or by a licensed practical nurse (“LPN”) who is supervised by an RN. The supervisor must conduct home visits at least every sixty (~~60 (sixty)~~) days.

2. The Qualified Vendor shall meet the following requirements:

- 2.1 The Qualified Vendor shall be Is a Home Health Agency licensed by the Arizona Department of Health Services (“ADHS”) and certified by Medicare utilizing RNs, and LPNs under the direction and supervision of an RN, for both intermittent or continuous nursing care;
- 2.2 Under certain circumstances in accordance with the Arizona Health Care Cost Containment System (“AHCCCS”), the Qualified Vendor shall be is a Home Health Agency licensed by the ADHS utilizing RNs, and LPNs under the direction and supervision of an RN, for both intermittent or continuous nursing care; or.
- ~~Is an independent, registered nurse approved and authorized by the Division who works through a private duty, licensed Home Health Agency.~~

Recordkeeping and Reporting Requirements

1. The Qualified Vendor shall submit monthly individualized progress reports on the member no later than the tenth (10th) business day following the close of the month to the Division’s Health Care Services nurse, Support Coordinator, and the member/member’s representative unless the member/member’s representative has requested not to receive them . The Qualified Vendor shall refer to the Division’s Provider Manual for guidance on report due dates and minimum content of the reports. ~~The Qualified Vendor shall maintain and provide monthly reports and a copy of the current, signed individualized care plan for each member to the Division’s Health Care Services nurse. The Division’s Health Care Services nurse will provide this information to the member’s Ssupport Ccoordinator. At this time the Qualified Vendor shall provide the Health Care Services nurse with a copy of the signed plan of treatment.~~
2. ~~The plan of treatment/care plan shall be kept current and signed, and a copy will be sent to the consumer’s support coordinator via the Health Care Services nurse to be incorporated into the consumer’s case management file.~~
2. ~~3.~~ The Qualified Vendor must maintain daily records on file as proof of the number of hours worked by eachits direct service staff providing direct service to members, e.g., staff time sheets.
- 2.1 Each time sheet, or equivalent document, or data system must contain the original signature or other independent verification (that complies with A.R.S. § 41-132) of be

~~signed by the member/consumer/family/member/consumer's representative after service delivery as confirming verification the -of hours worked/served. Proof of hours worked must be signed or verified by the member/member's representative before the Qualified Vendor submits the claim for payment.~~

34. The Qualified Vendor shall maintain data that demonstrates full compliance with all programmatic and contractual requirements of the Department and the Division.

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